

# **BANDAIDS DON'T CUT IT**

A statewide plan to address the needs of lesbian, gay, bisexual, transgender, queer  
and questioning youth in Rhode Island

The Rhode Island Task Force for Lesbian, Gay, Bisexual,  
Transgender, Queer and Questioning Youth  
**MARCH 2006**

# **Band-aids Don't Cut It**

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## STATEMENT OF NEED

Violence, threats of violence and harassment make many places unsettling and unsafe for lesbian, gay, bisexual, transgender, queer and questioning (LGBTQQ<sup>1</sup>) individuals. Commonly, LGBTQQ youth find it difficult to concentrate and focus in most contexts, and many hesitate to participate in activities designed for this age cohort. This reticence to engage creates emotional and physical distance from opportunities to engage in age-appropriate support networks and have normative social, emotional and educational experiences. Consequently, LGBTQQ youth development as well as their ability to successfully transition to adulthood is negatively impacted.

Using National census data and a conservative estimate of 5%, there are approximately 8,800<sup>2</sup> lesbian and gay youth ages 13-23 in Rhode Island. And still, homophobia remains an acceptable form of prejudice. Perhaps most negatively affected are LGBTQQ youth who find themselves growing up as targets of this hatred. Internalized homophobia and fear of rejection often lead to emotional, social and cognitive isolation, which all too frequently cause elevated rates of depression, anxiety, substance use and other high-risk behaviors. The following statistics bear stark evidence of harsh realities:

- **84%** of LGBT students report being **verbally harassed**
- **82.9%** of LGBT students report that **faculty or staff never intervened** or intervened only some of the time when present and homophobic remarks were made
- **64.3%** of LGBT students report feeling **unsafe at their school** because of their sexual orientation
- LGBT youth are **2 to 3 times more likely to attempt suicide** than heterosexual youth
- **26%** of LGBT youth are **forced to leave their homes** because of conflicts over their sexual orientation
- **42%** of **homeless youth** identify as gay or lesbian
- **28%** of LGBT youth **drop-out of school** as a result of feeling unsafe

Additionally, LGBTQQ youth are frequently denied their history and have their existence distorted or ignored. The LGBTQQ community is alone in its lack of generational ties and supports. Other religious, ethnic and racially-similar communities have built-in mentors such as family, institutions, churches and organizations to tie youth to elder role models. Because the LGBTQQ community is not one tied together through blood or religion, we are in the unique position of otherwise seeking appropriate role models and mentors.

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<sup>1</sup> The term LGBTQQ will be used throughout this report to refer to individuals who are lesbian, gay, bisexual, transgender, queer and questioning. Although *queer* is often used in a derogatory manner, it is being reclaimed by many academics, activists and young people as a source of power and pride. Thought to be inclusive of both gender identity/expression and sexual orientation, its use is controversial and not uniformly accepted. We choose to use it out of respect for those who identify as queer.

<sup>2</sup> This estimate does not include bisexual, transgender or questioning youth, as the data collected is not detailed enough to provide a reliable and valid approximation.

## **INTRODUCTION AND BACKGROUND**

On December 6, 1995 the Rhode Island Task Force on Gay, Lesbian, Bisexual and Transgender (GLBT) Youth sponsored the first statewide forum to address the concerns of LGBTQ youth and their supporters. Students, teachers and parents from across Rhode Island had the opportunity to voice their concerns about the reality of the educational system for LGBTQ students. They shared their experiences of isolation, harassment and violence in Rhode Island schools and offered realistic solutions for administrators. A report from that forum, entitled, “Schools Shouldn’t Hurt” was distributed to school administrators, policy makers, teachers and parents. The information provided in the report ultimately resulted in the Board of Regents adopting a Policy Statement on Discrimination Based on Sexual Orientation which banned discrimination on the basis of sexual orientation in our schools.

While certainly the Policy Statement was progress towards the goal of protecting LGBTQ youth in our schools, it has somewhat limited unenforceability because it lacks the direct authority of a Department of Education regulation. Youth Pride, Inc.(YPI), Rhode Island’s only statewide nonprofit organization with programming dedicated to meeting the social, emotional and educational needs of youth and young adults impacted by sexual orientation and gender identity, continued to convene the Task Force to address this issue and build from the momentum gathered in 1996.

On January 12, 1998, Rhode Island students, teachers and parents again testified at a statewide public forum about the impact of homophobia in Rhode Island schools. Here, they sought to answer the following questions: Since the passage of the Board of Regents’ Policy Statement, have things changed for LGBTQ students? Are teachers preventing harassment and violence on the basis of sexual orientation? Do schools deal effectively with homophobia? The testimony presented at this forum answered these questions and provided a blueprint for dealing effectively with these critically important issues.

At the second public forum, saw there was a notable change in the tenor and content of the testimony. Where half of those offering testimony in 1996 were not willing to be identified or personally quoted, every person testifying in 1998 faced the cameras and spoke to reporters. It was visibly apparent that the change was in the students’ perception of themselves. It was as though they were now facing the enemy, and the enemy was no longer themselves.

The 1998 Task Force produced a report entitled, “Lifting the Burden: Dealing Effectively with Homophobia in Schools.” The report highlighted the problems and solutions discussed at the second public forum. With its publication, the Task Force hoped to continue to make schools safe places where all students could learn, regardless of actual or perceived sexual orientation. The hope was that the 1998 report would assist administrators, faculty, students and parents in implementing positive changes in schools. Acknowledging that it is the job of educators to facilitate the learning process and help all students feel safe and secure in their school environment, it was no longer acceptable to abdicate responsibility to provide LGBTQ youth the support and guidance they respect and deserve.

In the intervening seven years, YPI continued to educate and advocate for LGBTQQ statewide, Providence elected its first openly gay mayor, and The Rhode Island Foundation established a fund, Equity Action, to provide support for the state's lesbian, gay, bisexual, transgender and queer communities.

In October 2005, YPI was contracted by the RI Department of Elementary and Secondary Education to convene the RI Task Force for LGBTQQ Youth, the purpose of which was to develop a statewide plan addressing the needs of LGBTQQ youth. The Task Force had two primary goals: 1) analyze existing data and state policies regarding LGBTQQ youth, and 2) offer policy and data collection recommendations based on this analysis.

Over thirty community leaders, policy makers, and educators came to the table to analyze statewide data collection procedures and policy. The work was divided into five areas of focus, including mental health, education, health and human services, child welfare and data, and were chosen to mirror collaborating state agencies and hubs for information/services.

Subcommittees used a plethora of methods to obtain data including policy analysis, internet searches, printed surveys, best practice inquiries, review of data collection tools and results, emails and telephone surveys. Subcommittees also explored model policies and data collection strategies from Rhode Island and out of state.

The following recommendations confirm that in the intervening years since the 1998 Task Force progress has been made and much still needs to be accomplished in an effort to ensure that LGBTQQ youth can thrive in Rhode Island. The 2006 Task Force findings continue to highlight the need for education, policy updates and enhanced data collection procedures to address the ongoing homophobia and transphobia experienced by young people in Rhode Island. In completing these recommendations, it became clear that policy-makers are not asking the necessary and appropriate questions in their routine information and data collection efforts to garner the information needed to make direct, impactful change. Not asking these questions has contributed to the institutionalized invisibility experienced by our LGBTQQ young people. It is our hope that the following recommendations will shed light on the systems and policies which require change and that we can work together as a community to bring this change about.

For more information regarding the Task Force and the following recommendations, please contact:

Rachel Floyd, Program Director  
Youth Pride, Inc. 95 Cedar Street Providence, RI 02903  
401.421.5626 [www.youthpride-ri.org](http://www.youthpride-ri.org) [youth\\_pride@yahoo.com](mailto:youth_pride@yahoo.com)

Many thanks to our Task Force members and readers for their considerable efforts:

**Marvin Abney**, Rhode Island Department of Education  
**Elisa Almonte**, Planned Parenthood of RI  
**Jametta Alston**, Office of the Child Advocate  
**Elizabeth Burke Bryant**, RI KidsCount  
**Pamela Cardillo**, Office of the Mayor of Providence  
**John C. Chamberlin**, Rhode Island School of Design  
**Laura Clarke**, Thompson Middle School  
**Kenneth Fish**, Education consultant  
**Mike Burk**, Department of Children, Youth and Families  
**Jen Fordyce**  
**Rinda Foster**, East Providence High School  
**Kimberly Rose**, Rhode Island Council of Resource Providers for Children, Youth and Families  
**Lisa Guilette**, Rhode Island Foster Parents Association  
**Phillip Hall**, The Wheeler School  
**Holly Harriel**, Providence Plan  
**Peter Hocking**  
**Karen Loewy**, Gay and Lesbian Advocates and Defenders  
**Karen Izzo**, Parent  
**Riley Mailhot**, Student  
**Dave McNab**, Moses Brown School  
**Paige Parks**, The Big Picture Company  
**Cara Presley**, Family Services, Inc.  
**Jim Ryczek**, Rhode Island College School of Social Work  
**Midge Sabatini**, Rhode Island Department of Education  
**Jan Shedd**, Rhode Island Department of Health  
**Anne Marie Silvia**, Rhode Island Department of Health  
**Jonny Skye Njie**, Providence School Department  
**Jennifer Steinfeld**, Drug and Alcohol Treatment Association  
**Sam Viner-Brown**, Rhode Island Department of Health  
**Jennifer Wood**, Rhode Island Department of Education

## **EDUCATION RECOMMENDATIONS**

The education subcommittee researched over twenty districts and schools via telephone and internet searches to investigate policies regarding LGBTQQ youth. Further information needs to be gathered to complete a comprehensive analysis of educational climates in Rhode Island to encourage LGBTQQ-sensitive school policies that mirror state laws regarding sexual harassment, bullying and nondiscrimination for students as well as faculty and staff.

### **It is recommended that the RI Department of Education:**

1. Ensure that questions relating to the experiences of LGBTQQ students, faculty and administrators, as well as questions relating to anti-discrimination policies and their efficacy are adequately included and evaluated on the School Accountability for Learning and Teaching (SALT) Survey.
2. Conduct a comprehensive analysis of current school policies through information collected from school superintendents to evaluate the gaps between the Board of Regents policy banning sexual orientation discrimination, state laws prohibiting sexual orientation and gender identity discrimination, and the schools and districts policies.
3. Develop, adopt and implement appropriate Board of Regents regulations that add sexual orientation and gender identity as protected classes in all its nondiscrimination, sexual harassment and bullying policies and regulations. While the Board of Regents' Policy Statement bans discrimination based on sexual orientation, a DOE regulation would provide expanded enforcement mechanisms.
4. Ensure that all LGBTQQ-inclusive nondiscrimination, sexual harassment and bullying policies are readily accessible to all members of each school community, and that clear and defined procedures for processing complaints and ensuring enforcement of these policies are well understood by all members of each school community (students, faculty and/or staff). All such policies should be printed, in their entirety, in all student handbooks and be available online at school department websites.
5. Ensure that all public schools support the establishment of Gay/Straight Alliances (GSAs) when recognition for such organizations is sought by students. Additionally, the Board of Regents and each school district should ensure that all GSAs are offered the same opportunities and privileges as other extracurricular groups, and that their endeavors are treated equally and held to the same procedural guidelines.
6. Ensure that each school employs staff expressly assigned who are responsible for the enforcement of state and federal anti-discrimination laws, regulations and policies. Further, DOE should ensure that all school district staff charged with the responsibility for coordination and enforcement of federal and state anti-discrimination laws, regulations and policies are fully trained in LGBTQQ competencies and provided with ongoing technical assistance resources.

7. Ensure LGBTQQ issues are included and normalized in all curricula at the district level (not just sex education or health classes). Further, it is important to address sexual orientation AND gender identity throughout all subject areas.
8. Ensure that faculty are adequately trained and prepared to address LGBTQQ issues in their teaching through mandatory in-service training and access to outside resources. Faculty training is the first step to addressing the pervasive homophobia that has been documented to exist on RI campuses including, for example, the nearly universal presence of comments like “that’s so gay.”
9. Expand upon the diversity section of the certification requirement for pre-service teacher training programs to include specific reference to LGBTQQ youth.
10. Support and encourage peer-to-peer training regarding LGBTQQ issues as the most appropriate strategy for delivering youth trainings.
11. Mandate that all student assistance counselors, school social workers, school nurses, and guidance counselors are trained and prepared to address LGBTQQ issues.
12. Develop model policies (as noted above) and collaborate with partner agencies to get policies adopted by all school districts and implemented on campuses.
13. Mandate completion of School Climate Surveys by all students and faculty in all public middle schools and high schools to establish the current climates on campuses and to document the need for future student, faculty and staff trainings regarding LGBTQQ issues.
14. Edit the definition of diversity in all education policy documents to explicitly include LGBTQQ.
15. The prerequisites for program certification for teacher training programs should require institutions of higher education to address LGBTQQ issues in a significant way with pre-service teachers.
16. Ensure that all policies and procedures for the enforcement of education confidentiality laws and regulations includes explicit protection against “Outing” or disclosure of a student, faculty or staff’s sexual orientation or gender identity. In order to create and maintain safe and confidential educational environments, students, faculty and staff understand that confidentiality laws and regulations prohibit the disclosure of the sexual orientation or gender identity of a student, faculty and/or staff without their consent under any circumstances.
17. Encourage schools to publicly display peer support materials and outside resources related to LGBTQQ issues (postures, brochures, etc.) in administration offices, lunchrooms, guidance offices and other educational spaces to increase visibility and create a supportive environment for all students.



18. Provide a list of recommended library holdings that are relevant, age appropriate and contain accurate information about the lives of LGBTQ youth and families to all school administrators and librarians, encouraging their inclusion in library collections.

**It is recommended that the Board of Governors:**

19. The Board of Governors should develop a task force to address LGBTQ-sensitive policies and LGBTQ-inclusive curricula for higher education institutions with particular emphasis on the inclusion of LGBTQ issues in the curricula of approved teaching training programs as discussed above.

**It is recommended:**

20. Legislative introduction of an amendment to Title XVI of the General Laws making explicit that the Title XVI prohibition against discrimination in the schools includes a prohibition against discrimination on the basis of sexual orientation, the perception thereof, and gender identity be sought.

## **CHILD WELFARE RECOMMENDATIONS**

After extensive telephone surveys with providers and a computer survey sent to residential placement facilities, the general consensus of the child welfare subcommittee was that no agencies or organizations had specific policies addressing LGBTQQ youth or policies which listed sexual orientation or gender identity as protected classes. In general, providers and residential programs all relied on Youth Pride, Inc. to address any concerns that arose in their programs.

The child welfare subcommittee recognized four areas of concern regarding LGBTQQ youth in state care: 1) the lack of policies regarding LGBTQQ youth and the failure to recognize the lack of security and confidentiality surrounding sexual orientation and gender identity disclosure by or of LGBTQQ youth; 2) ensuring that foster/adoptive parents understand their role in meeting the needs of LGBTQQ youth and the recruitment of foster/adoptive parents who will provide a safe and nurturing environment for LGBTQQ youth; 3) the necessity to train new and seasoned residential/foster/DCYF/vendor staff regarding LGBTQQ youth issues, and; 4) the lack of information and education regarding LGBTQQ youth in the judicial system.

### **DEVELOPMENT OF POLICIES REGARDING LGBTQQ YOUTH**

**It is recommended that the Department of Children, Youth and Families (DCYF), licensed private agencies, community based providers, contracted DCYF vendors, State Departments, and any agency which provides social services to youth:**

1. Be required to have clearly written nondiscrimination policies protecting youth's sexual orientation and gender identity. The policies should be visible so LGBTQQ youth can recognize providers as safe places. The policies should have grievance and contact information within the accountability system to guarantee that they are complied with by both DCYF and vendors.
2. Adopt the Child Welfare League of America's (CWLA) standards of care regarding LGBTQQ youth.
3. Create, adopt and display clear policies which include a "No Outing Clause." In order to create and maintain safe and confidential environments, service providers should not disclose the sexual orientation or gender identity of any person without their consent under any circumstances.
4. Training on and support for the above-noted policies should be provided by DCYF, vendors and private agencies for their respective staff.
5. Develop written policies to recruit, retain and support prospective LGBTQQ foster and/or adoptive parents. The policies should elucidate the concepts and ideals as found in the CWLA's Standards of Excellence for Child Welfare, and provide enforceable mechanisms by which to hold staff accountable for appropriate practice.

**It is recommended that the Department of Children, Youth and Families (DCYF), and Rhode Island State Departments:**

6. Revise placement and/or service policies to reflect the nondiscriminatory language as found in CWLA Standards of Excellence for Child Welfare.
7. Develop and/or modify existing strategies, tools and questions to collect disruption data specific to LGBTQ youth. This will allow stakeholders to determine the extent to which placement disruptions are related to the sexual orientation and gender identity (and correlated issues) of youth in state care. The statistics should include foster care, group homes, shelters and residential placements. It is omni-important that the information gathered regarding sexual orientation and gender identity be kept in the strictest confidence. (see #3 above).
8. Explore the possibility of a continuum of programming (including a group home, safe home network, visiting resources, etc.) that would specifically address the concerns and needs of LGBTQ youth utilizing existing resources in Massachusetts, New York, Minnesota and California as examples.

**It is recommended that the Department of Children, Youth and Families (DCYF), the Department of Education, the Children's Policy Coalition and The Child Advocate's Office:**

9. Jointly introduce legislation to amend The Children's Bill of Rights to include all recognized protected classes such as, race, color, religion, gender, disability, age, country or ancestral origin, and sexual orientation pursuant to the standard found in the Hate Crimes Sentencing Act. (See §§42-112-1 and 12-19-38). Further, the Bill should specifically include gender identity as a protected class.

**It is recommended that advocates and provider membership groups/agencies [including but not limited to the Rhode Island Council of Resource Providers for Children Youth and Families (RICORPS), the Rhode Island Parent Information Network (RIPIN), Adoption Rhode Island, and the Rhode Island Foster Parent Association (RIFPA):**

10. Be explored as the lead in working with their respective memberships to provide training on LGBTQ issues and related policies/standards of care.

**TRAINING FOR BOTH NEW AND SEASONED STAFF REGARDING LGBTQ YOUTH**

**It is recommended that the Department of Children, Youth and Families (DCYF):**

11. Provide new employees LGBTQ training as part of basic training that is not subject to elimination in the event training must be expedited.
12. Provide training to the RI Training School staff and young people regarding LGBTQ issues.

**It is recommended that the Department of Children, Youth and Families (DCYF), licensed private agencies, and DCYF contracted vendors:**

13. Provide trainings to new foster and adoptive parents regarding LGBTQ issues as part of their homestudy/licensing process.

**It is recommended that the Department of Children, Youth and Families (DCYF), licensed private agencies, community based providers, DCYF contracted vendors, and agencies which provide social services to youth:**

14. Provide a LGBTQQ training component for administrators, supervisors and support staff that is not subject to elimination in the event training must be expedited.

15. Offer in-service training for direct service and support staff on LGBTQQ issues and these trainings should be offered with appropriate professional incentives, be included in professional goals and not be subject to elimination.

#### **IDENTIFICATION AND LICENSING OF FOSTER/ADOPTIVE HOMES FOR LGBTQQ YOUTH**

**It is recommended that the Department of Children, Youth and Families (DCYF):**

1. Draft and visibly promote a non-discrimination statement for prospective foster/adoptive parents and visiting resources including all protected classes listed in #7 above, and a grievance process that protects such parents/resources.

16. Include questions regarding fostering, adopting or being a visiting resource for LGBTQQ youth, as it does with race and gender, on The Placement Matching Form.

17. Reconstitute and maintain a foster/adoptive parent liaison position outside the purview of DCYF to serve as an impartial voice to hear complaints and resolve issues as they arise.

18. Draft and administer a survey at the completion of the licensing process to inquire whether foster/adoptive parents experienced any discriminatory practices (including anti-LGBTQQ experiences) and for quality assurance of the program.

#### **JUDICIAL EDUCATION**

**It is recommended that the Family Court staff, justices, probation and parole officers, Court Appointed Special Advocate (CASA) volunteers, DCYF legal staff, probation and parole officers, magistrates and the Child Advocate's Office:**

19. Participate in trainings focused on LGBTQQ issues.

## **MENTAL HEALTH RECOMMENDATIONS**

The Mental Health subcommittee did exhaustive agency website searches and phone surveys of mental health agencies in Rhode Island. Professional mental health associations varied greatly in their approach to LGBTQQ issues.

### **It is recommended that colleges, universities and technical schools:**

1. Offer mental health services which specifically address LGBTQQ issues.
2. Require staff training to ensure that mental and medical healthcare providers are educated regarding LGBTQQ issues.
3. Require faculty training for all professors in counseling/clinical/therapeutic undergraduate and graduate degree programs to ensure students are appropriately educated regarding LGBTQQ issues.
4. Develop formal curricula regarding sexual orientation and gender identification for inclusion in post-secondary educational institutions for students who will be required to interact with clients/patients.

### **It is recommended that the Rhode Island Council of Community Mental Health Centers (RICCMHC) demonstrate LGBTQQ cultural competence by:**

5. Adopting LGBTQQ inclusive policies (employment, nondiscrimination and no outing clause) and standards of care, and provide samples of such to member agencies with strong encouragement for their adoption.
6. Serve as the lead in hosting and requiring all member agencies receive LGBTQQ trainings.

### **It is recommended that Community Mental Health Centers, hospitals, HIV/AIDS providers, health clinics, physicians' offices, mental health agencies, substance abuse treatment facilities and other in/outpatient facilities:**

7. Include sexual orientation and gender identity in their nondiscrimination policies as well as in their equal opportunity employment notices/policies.
8. Create an explicit "No Outing Clause." In order to create and maintain safe, confidential and clinically-appropriate environments, providers should not disclose the sexual orientation or gender identity of any client in any instance without their consent under any circumstances. This should also include disclosure to a parent regarding their child's sexual orientation and/or gender identity.
9. Include sexual orientation and gender identity as protected classes in all Patient Bills of Rights
10. Mandate attendance at trainings regarding LGBTQQ patients/clients and issues which arise regarding sexual orientation and gender identity.

11. Create LGBTQQ-inclusive forms and train staff regarding appropriate interview and intake procedures including documentation skills for LGBTQQ patients/clients.
12. Create nondiscrimination, sexual harassment and equal opportunities policies which list sexual orientation and gender identity as protected classes.
13. Implement data collection procedures at all hospitals to track the number of psychiatric admittances that involve LGBTQQ young people to begin documentation regarding level of need and potential trends relative to risk and protective factors.
14. Butler, Bradley, Hasbro, Kent County, Miriam, Memorial and other entities with established emergency departments and psychiatric units should mandate staff attendance at LGBTQQ trainings to ensure preparedness for culturally competent intervention with LGBTQQ youth during intake, assessment, treatment, case coordination and discharge planning.

**It is recommended that the National Association of Social Work, National Association of School Psychologists, American Psychological Association, National Psychiatrist Association, the National Mental Health Association (including all Rhode Island chapters), and other membership organizations for youth-serving professionals:**

15. Offer professional development opportunities regarding LGBTQQ cultural competence.

**It is also recommended:**

16. Create and maintain a comprehensive list of mental health providers specializing in LGBTQQ issues.
17. Standards of care state that all mental, health and medical care providers should not denote a client/patient's sexual orientation or gender identification in health care records without their explicit consent.

## HEALTH AND HUMAN SERVICES RECOMMENDATIONS

The Health and Human Services subcommittee conducted research to determine specific areas where information and assessment of services were critical to identify service gaps for LGBTQ youth. Extensive web-based research and phone surveys were conducted to explore the availability of professional development and online health/social services resources for providers as well as LGBTQ young people. Further, health, mental and medical services were explored as well.

**It is recommended that the Department of Health (DOH) and, where appropriate, collaborating partners:**

1. Develop and implement a LGBTQ-specific website for youth and adults on their existing website which would include:
  - Resources and referrals for mental, medical and substance abuse providers;
  - A tutorial for providers on LGBTQ health disparities, appropriate intake forms and questions, taking sexual history, gender identification issues, etc.;
  - Links to appropriate, LGBTQ-sensitive and inclusive local and national resources;
  - Listing of LGBTQ-sensitive providers;
  - LGBTQ medical resources including information regarding HIV/AIDS and testing sites; sexually transmitted infections; alternative insemination; LGBTQ-specific health information; and,
  - Trans-specific health issues including endocrinology referrals and research, as well as local and national support groups, therapists, and medical professionals
2. Identify and review existing standards of care for LGBTQ health and social service providers; revise and develop standards for Rhode Island. Similarly, draft and adopt inclusive policies (employment, nondiscrimination and no outing clause).
3. Require all contracted entities to adopt LGBTQ inclusive policies and standards of care.
4. Amend the RI Youth Risk Behavior Survey (YRBS) to include LGBTQ-inclusive questions to ascertain data for this population. Research and review Massachusetts Department of Education YRBS' LGB-inclusive questions to draft sexual orientation questions. (see #5 in **Health and Human Services Recommendations regarding Harry Benjamin standards for transgender inclusive questions.**)
5. Provide professional development training to health and medical care providers with incentives (i.e. continuing education credits) on Harry Benjamin standards for transgender patients/clients as well as training regarding sexual orientation in collaboration with Youth Pride, Inc. Further, the Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders should be used to garner data regarding gender identification for these trainings.
6. Outreach to social service agencies to provide trainings so providers are more equipped to appropriately respond to LGBTQ clients/patients in collaboration with Youth Pride, Inc.

7. Encourage social service agencies to create and/or edit personnel, nondiscrimination, and sexual harassment policies to list sexual orientation and gender identity as protected classes.
8. Provide information and outreach to substance abuse providers regarding LGBTQQ issues and make referrals to trainings, seminars and workshops for addiction services to LGBTQQ clients (e.g. Drug and Alcohol Treatment Association of Rhode Island's introductory course, *An Introduction to Providing Addiction Services to Gay and Lesbian Clients*, The PRIDE Institute).
9. Research increased tobacco use within the LGBTQQ community in an effort to identify and develop a list of LGBTQQ-specific cessation messages and support groups.
10. Develop referral and resource lists of LGBTQQ-sensitive and experienced counselors/therapists/social workers, medical care providers, substance abuse providers, support and advocacy groups, and youth service agencies and provide a link on the DOH website to these lists.

**It is recommended that the Rhode Island Medical Society and the RI chapter of the American Academy of Pediatrics (RIAAP):**

11. Follow American Medical Association and the American Academy of Pediatrics recommendations regarding health disparities, nondiscrimination policies and no outing clauses, standards of care and provider awareness of LGBTQQ health care and patient needs.
12. Host and encourage members to attend trainings regarding working with LGBTQQ youth and families, strategies to seek sensitive information, as well as inclusive forms and policies.
13. Post LGBTQQ youth information on their website and make relevant materials available to members for their patients.

**It is recommended that the National Runaway Hotline:**

14. Create an intake tool which tracks whether callers are LGBTQQ and provide training to Hotline staff and volunteers regarding LGBTQQ-sensitive questions and referrals.

**It is recommended that the Providence After School Alliance, Rhode Island After School Plus Alliance, Crossroads RI, and DOH Title X Family Planning and their contracted providers:**

15. Include sexual orientation and gender identity in their nondiscrimination policies as well as in their equal opportunity employment notices/policies.
16. Create an explicit "No Outing Clause." In order to create and maintain safe, confidential environments, providers should not disclose the sexual orientation or gender identity of any participant in any instance without their consent under any circumstances. This should also include disclosure to a parent regarding their child's sexual orientation and/or gender identity.
17. Provide LGBTQQ training for staff, volunteers and partners.



**It is recommended that the National Association for Sport & Physical Education (NASPE), American Association for Health Education, National Council for Social Studies, National Council for History Education, and other local and national teaching associations:**

18. Promote LGBTQQ-inclusive educational materials as a way to reflect all students' realities in our classrooms.

19. Host and encourage member participation in LGBTQQ training with appropriate professional development credits.

20. Develop and adopt standards guiding member practice that include nondiscrimination and no outing clauses regarding LGBTQQ students.

**It is recommended that DCYF and collaborating partners:**

21. Research and develop a tool to ascertain age of risk-taking behavior for LGBTQQ in the RI Training School.

## **DATA RECOMMENDATIONS**

Based on the prevalence estimates in the Statement of Need, we know that LGBTQ youth are part of the caseloads in all of the departments that serve youth and their families. The Data subcommittee completed many phone surveys and website searches to analyze and obtain Rhode Island policies which impact these young people. Web searches and phone calls to major LGBTQ research, policy and health organizations were placed in an effort to complete a comprehensive literature review regarding prevalence issues. Further, the committee analyzed and reviewed existing data and research, including the SALT survey, YRBS, National Census and the National Health and Social Life Survey.

The subcommittee reviewed multiple middle and high school policies pertaining to the prohibition of bullying and harassment as a result of sexual orientation or perceived sexual orientation and obtained information that can serve as a useful foundation for further work in this area. The results of the schools surveyed indicate that there is great unevenness in policies at the individual school building level, ranging from schools that do not specifically mention sexual orientation to schools with model policies that were developed with input from students.

### **IMPROVE, CREATE AND IMPLEMENT DATA SYSTEMS THAT IDENTIFY AND TRACK RI SPECIFIC DATA ON LGBTQ YOUTH SO SOCIAL SERVICES AND SUPPORTS CAN BE OFFERED, MAINTAINED AND/OR IMPROVED.**

**It is recommended that community based agencies, KidsCount, Healthy Schools! Healthy Kids!, Rhode Island State Departments and other key partners:**

1. Collaborate to create and include questions relevant to sexual orientation and gender identity on existing surveys (i.e. Census, SALT, YRBS, etc.) to identify and track LGBTQ youth and/or families in Rhode Island.

**It is recommended that State Departments collaborate with Youth Pride, Inc. to:**

2. Compile data from all existing sources on anti-LGBTQ bullying and harassment to further ongoing policy and advocacy efforts.

3. Compile data from all existing sources regarding LGBTQ youth risk and resiliency/protective factors to further ongoing policy and advocacy efforts.

4. Compile data via School Climate Surveys from all public middle and high schools regarding LGBTQ issues.

5. Develop strategies, in collaboration with partner agencies, to identify and better serve the needs of LGBTQ youth in a way that protects the youth and prevents violations of the privacy and safety of the young person.

**It is recommended that all Rhode Island State Departments:**

6. Be required to record and report all complaints related to LGBTQ discrimination, harassment, bullying and/or other mistreatment, and require such documentation by vendors, providers and contracted entities.

## **CROSS SYSTEMS RECOMMENDATIONS**

### **It is recommended:**

1. For all noted recommendations locally and nationally, and involving micro and macro systems, LGBTQ youth, including youth involved in state systems (i.e. RI Training School, public school systems, public higher education institutions, DCYF, foster placement, adoptive services, etc.), should have direct input and active involvement, in the development of all new procedures, best practices and policy advisement.
2. Collaborate with all state departments, community based organizations, shelters, youth agencies to investigate and identify ways to reach out-of-school LGBTQ youth.
3. All persons, providers, agencies, or organizations serving young people should have clearly written nondiscrimination, sexual harassment and equal opportunities policies which list sexual orientation and gender identity as protected classes. The policies should be visible and posted so LGBTQ youth can recognize safe places. The policies should have complaint and contact information within the accountability system to guarantee that they are complied with by all. Further, complaints should be reported and recorded to track compliance.
4. All persons, providers, agencies, or organizations serving young people should create a safe space for LGBTQ youth by visibly displaying posters, brochures, outreach cards, etc. which reflect their reality.
5. All service providers and agencies serving young people should create an explicit “No Outing Clause.” In order to create and maintain safe, confidential and clinically-appropriate environments, providers, agencies and/or educators should not disclose the sexual orientation or gender identity of any client/patient/student in any instance without their consent under any circumstances. This should also include disclosure to a parent regarding their child’s sexual orientation and/or gender identity. Further, information regarding a student/client/patient’s sexual orientation and/or gender identification should not be disclosed in their records without their express consent and permission or disclosed with a release of records to a provider and/or parent.
6. All service providers and agencies serving young people should create LGBTQ-inclusive forms and train staff regarding appropriate interview and intake procedures for LGBTQ patients/clients.
7. Create a state-appointed, and where appropriate, city-appointed, liaison to each State Department to ensure the implementation of the enclosed recommendations.
8. Identify state and private funding to sustain recommended efforts.

## **AREAS FOR FURTHER RESEARCH AND REVIEW**

### **It is recommended:**

1. Explore where LGBTQQ-inclusive policies and data collection procedures exist within police departments, CASA, RI Bar Association, and Legal Services.
2. Explore police protocols regarding LGBTQQ runaways and LGBTQQ sex workers, specifically “outing” procedures. Provide training regarding “No Outing” as noted above.
3. Explore domestic violence issues within LGBTQQ community and specifically regarding same sex youth relationships.
4. Explore hate crimes reporting policies regarding anti-LGBTQQ violence with police, medical and health care providers.
5. Explore adding LGBTQQ questions to health care licensing exams.
6. Explore mandating LGBTQQ professional development opportunities for health care providers to maintain licensure.
7. Review results of Equity Task Force of the Rhode Island Health Center Association which is charged with increasing capacity for Rhode Island Community Health staff to better serve the LGBTQQ community by addressing cultural competency, clinical and non-clinical issues.
8. Explore the development of a statewide project to increase on-site LGBTQQ expertise in mental health service settings.
9. Explore LGBTQQ benefits with health and dental insurance carriers including but not limited to domestic partner and alternative insemination for large and small groups, as well as individual coverage.

## CONCLUSION AND NEXT STEPS

This report is intended to illuminate opportunities to address the systematic change necessary to assist Rhode Island's LGBTQQ youth. Rhode Island has amassed an expansive array of engaged, willing and passionate community based organizations, youth leaders, community members, educators and policy makers who are committed to addressing the needs and lives of LGBTQQ youth. The Rhode Island Task Force for LGBTQQ Youth was yet another example of this commitment. All partner agencies involved in this Task Force have committed to addressing recommendations internally and within their systems. Youth Pride, Inc. has agreed to share the Task Force recommendations with a larger audience in an effort to sustain the momentum this work has achieved.

### NEXT STEPS

- Determine and execute method(s) to publicly release the statewide plan developed by RI Task Force for LGBTQQ Youth.
- Identify internal state department liaisons from each department who will serve as the onsite lead in implementing recommendations and as a partner to the community
- Identify public and private partners to continue the Task Force's work as well as address the identified next steps
- Utilize research on theories of change to identify and prioritize intervention strategies to carry out policy and data collection recommendations outlined in the statewide plan developed by RI Task Force for LGBTQQ Youth.
- Develop an action plan including goals, objectives, activities and timelines to address the a) policy change and b) data collection recommendations contained in the statewide plan developed by RI Task Force for LGBTQQ Youth.
- Research and collectively apply for funding for implementation of action plan based upon recommendations developed by the RI Task Force for LGBTQQ Youth.
- Develop strategic partnerships to move recommendations forward.